

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent 10/522048		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$
		8 TO BE REFUNDED BY:		
10 REASON:		<div style="border: 1px solid black; padding: 5px;">Treasury Check</div> <div style="border: 1px solid black; padding: 5px;">Credit Deposit A/C #:</div> <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;">9<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>--<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div>		
<input type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input type="checkbox"/>	No Fee Due (Explanation):			
11 REFUND REQUESTED BY: _____				
TYPED/PRINTED NAME: _____		TITLE: _____		
SIGNATURE: _____		Rep'n. Ref: 07/27/2005 PKIDWELL 0019261400 DAA:022448 Name/Number:10522064 PHONE: _____ \$250.00 CR		
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B